

CLAIMS ONLY

Application Number

Applicant(s)

Filing Date

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		* May be used for additional claims or amendments							
	Indep	Depend	Indep	Depend	Indep	Depend	Indep		Depend		Indep		Depend	
1	X						51							
2	X						52							
3	X						53							
4	X						54							
5	X						55							
6	X						56							
7	X						57							
8	X						58							
9	X						59							
10	X						60							
11	X						61							
12	X						62							
13	X						63							
14	X						64							
15	X						65							
16	X						66							
17	X						67							
18	X						68							
19	X						69							
20	X						70							
21	X						71							
22	X						72							
23	X						73							
24	X						74							
25	X						75							
26	X						76							
27	X						77							
28	X						78							
29	X						79							
30							80							
31							81							
32							82							
33							83							
34							84							
35							85							
36							86							
37							87							
38							88							
39							89							
40							90							
41							91							
42							92							
43							93							
44							94							
45							95							
46							96							
47							97							
48							98							
49							99							
50							100							
Total Indep	2						Total Indep							
Total Depend	12						Total Depend							
Total Claims	14						Total Claims							

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